
Event or Activity

Date of Activity

Agreement to Participate, Including Assumption of Risks and Agreements of Release and Indemnity

In consideration of being allowed to participate in this event, organized and conducted by City of Eugene Recreation Services, Adaptive Recreation, Campbell Center, Amazon Community Center, Petersen Barn Community Center, River House Outdoor Program, and/or the Spencer Butte Challenge Course (hereby known as City of Eugene or "COE"), I, or my minor child (herby known as "I"), acknowledge and agree as follows:

The event in which I will be participating includes instruction and physical exertion. These activities can include exposure to the natural elements, which may include heat, cold, altitude, bodies of water such as river, lakes, and oceans, rocks, trees, storms, snow, sleet and rain; exposure to man-made elements, which may include, cables, platforms, buildings and other structures, ladders, skate parks, gyms, and indoor climbing walls; transportation during the event; close personal contact, and dependence on other participants and staff; incidents may occur in remote places which may be many hours from medical facilities; and incidents may result from the actions of other participants and staff; or the failure of equipment. These risks and hazards are inherent in the activities of the event and the environment in which it is conducted, and they cannot be eliminated without significantly changing the nature of the activities.

I understand that these hazards and risks may result in loss or damage to personal property, emotional distress, illness, personal injuries, and, in extreme cases, even death.

I represent that I have no known medical or emotional condition which may adversely affect my participation in this event, or which may cause me to be a danger to myself or others. When provided by COE, I am choosing to list on the Health History Form any and all medical conditions or disabilities which I believe should be brought to the attention of COE. I understand that it is my responsibility, and mine only, to determine my suitability, medical or otherwise, for participation in the event.

By signing this document below, I agree to the following:

Acknowledgment and Assumption of All Risks

I acknowledge and assume all risks of the event, its activities and the environment in which it is conducted, whether or not those risks are inherent, whether or not they are described above.

Agreements of Release and Indemnity

I agree to defend, indemnify, and hold harmless the COE, its officers, agents, and employees from and against any and all claims for injury or damage arising out of or in any way related to my enrollment, participation in the event, and transportation to and from the event.

Other

Unless otherwise agreed in writing, any mediation or suit may be conducted or filed only in Lane County, Oregon, and the laws of the State of Oregon will apply to any such dispute, excepting only the laws of the State of Oregon which may apply the laws of another jurisdiction.

I authorize COE to provide or obtain medical care for me in the event of an incident requiring medical attention, and I further authorize COE to exchange with any third-party medical care giver such information regarding my medical history or condition as may be deemed important to either of them.

I agree that I will not consume or be under the influence of any chemical substance, including alcohol, during the event. I understand further that the activity and all aspects of it are purely voluntary and I may choose not to participate. I agree that I will follow all safety instructions.

I agree to allow COE to use photographic or other images of me for marketing or any other purpose deemed reasonable by COE.

Should any part of this agreement be deemed not enforceable by a Court of competent authority, the remainder of the agreement shall nevertheless remain in full force and effect.

Name of Participant (please print)

Signature of Participant

Date

Signature of Parent or Guardian
(if Participant is under the age of 18 at the time of the event)

Date

HEALTH HISTORY



The proposed activity may require physical exercises which are, by their nature, physically demanding. Your participation may cause surges in blood pressure and pulse rates. You can help us minimize any real risk you may be assuming by participating in the activity by accurately and honestly filling out your health history below. Please note, certain health histories or conditions may require you to alter your participation in order to stay safe. All information will be kept confidential.

PARTICIPANT NAME _____ BIRTH DATE _____
ADDRESS _____ GENDER _____
CITY, STATE, ZIP _____ AGE _____
PHONE _____ Alt. PHONE _____
EMERGENCY CONTACT – 1 _____ PHONE _____
Relationship _____ Alt. PHONE _____
EMERGENCY CONTACT – 2 _____ PHONE _____
Relationship _____ Alt. PHONE _____

Circle the appropriate answer and explain any **YES** answers. Yes answers may not bar you from participation in this event.

YES **NO** Are you currently being treated for a heart condition or High Blood Pressure? _____

YES **NO** Do you frequently suffer from pains in your chest? _____

YES **NO** Do you often feel faint or have spells of severe dizziness? _____

YES **NO** Do you have epilepsy and/or ever had a seizure condition? _____

YES **NO** Have you experienced a stroke or other injury that continues to impair your balance, coordination, depth perception or muscular control? _____

YES **NO** Do you have asthma? _____ Do you have your inhaler with you today? **YES** **NO**

YES **NO** Do you have diabetes? _____

YES **NO** Do you, or have you, ever had a back or neck injury? _____

YES **NO** Do you currently suffer from any bone, joint or muscular problem? _____

YES **NO** Are you unable to stand for extended periods of time? *If so, you should consider bringing a light, folding chair to rest in periodically during the day.* _____

YES **NO** Do you have a history of any allergic reactions? _____

Do you have/Will you bring your EpiPen or antihistamine kit? **YES** **NO**

YES **NO** Are you pregnant? How many weeks _____?

YES **NO** Are you able to swim? List any needs you may require to swim. _____

YES **NO** Are you currently taking any medications, prescription or otherwise, that may affect your balance, strength or vision? Please list them and detail their side effects. _____

YES **NO** Do you have any other medical or physical information or a disability that the Recreation staff should know about? If yes, explain. _____

YES **NO** This health history is correct so far as I know, and I believe that my health is satisfactory to participate in this City of Eugene Recreation Services activity.